10/552007 JC05 Rec'd PCT/PTO 06 OCT 2005

Application Data Sheet

G

Given Name::

Middle Name::

Application Information	
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD Disks::	
Number of Copies of CDs::	
Sequence Submission?::	·
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	PEST BARRIER
Attorney Docket Number::	SADOSKI 2
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	•
Total Drawing Sheets::	0
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No
Applicant Information	
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity

Arie

Y.

Family Name:: SADOVSKI

Name Suffix::

City of Residence:: Rishon-Lezion

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: 34 Hagalil St.

City of Mailing Address:: Rishon-Lezion

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 75236

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Rueven

Middle Name::

Family Name:: SHACHAR

Name Suffix::

City of Residence:: Kfar-Aza

State or Province of Residence::

Country of Residence:: Israel

Street of Mailing Address:: M.P. Negev

City of Mailing Address:: Kfar-Aza

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 75236

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Israel

Status:: Full Capacity

Given Name:: Hana

Middle Name::

Family Name:: SCHWARTZ

Name Suffix::

City of Residence:: Nahal Shima

Page #2

Initial 10/6/2005

State or Province of Residence::

Country of Residence::

Street of Mailing Address:: 74 Rimon St., M.P. Har Hevron

Israel

City of Mailing Address:: Nahal Shima

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 90406

Correspondence Information

Correspondence Customer Number:: 001444

Representative Information

Representative Customer Number:: 001444

Domestic Priority Information

Application:: Continuity Type:: Parent Parent Filing

Application:: Date::

This Application National Stage of PCT/IL04/000313 04-05-04

Foreign Priority Information

Country:: Application Number:: Filing Date:: Priority Claimed::

Israel 155304 04-09-03 Yes

Assignment Information

Assignee Name:: KAFRIT INDUSTRIES (1993) LTD.

Street of Mailing Address:: M.P. Negev

City of Mailing Address:: Kfar-Aza

State or Province of Mailing Address::

Country of Mailing Address:: Israel

Postal or Zip Code of Mailing Address:: 85142